



RUTLAND COUNTY COUNCIL

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ANNUAL REPORT  
OF THE  
COUNTY MEDICAL OFFICER  
FOR THE YEAR

1943  
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Members of the Public Health, Housing, Maternity and Child Welfare,  
and Mental Deficiency Committee :-

The Chairman of the Council - Alderman W.L. Sargant.	
Alderman A.R. Beaumont.	
Councillors :-	
Major O. Elard,	E. Makey,
J.W. Blood,	Major C.K.F. Ruddle
Miss A.S. Brocklebank,	T.J. Sharp,
J.J. Healey,	Major R.P. Spencer,
	W.W. Williamson.
Co-Opted Members {	
Mrs W.W. Williamson	
Mrs Makey	
Lady Alice Willoughby,	Mrs V.A. Barnacle,
	Dr E.S. Edwards.

In my last Report I referred to the danger of the speedy abolition of the smaller counties. For some months since the passing of the Education Act and the appearance of the White Paper on Medical Services this danger seemed to have been averted, but I am afraid this is not so. Regionalism has, it is true, been scotched, as will be seen by the Minister of Health's statement in the House of Commons on August 3rd 1944, which is as follows :-

" The Government do not consider that any case has been made out for abandoning in favour of some form of regional government the main features of the County Borough system of local government. On the other hand the Government was satisfied that within the general framework of County and County Borough Government there was need and scope for improvement. Before putting any detailed proposal before Parliament he hoped within the next month to open discussion with the local government bodies and then to lay before Parliament a general outline of the Government's proposal before submitting actual legislative measures."

The whole matter is so closely bound up with the suggestions made in the White Paper that I think it would be well to consider the White Paper plans and the various reactions of interested parties.

The White Paper proposes three main sections of medical services.

- (1) A Central Medical Board with its local committees administering the general practitioner health service.
- (2) The Joint Board administering the hospital and consultant services, including the maternity hospital, tuberculosis, mental and infectious disease, and the clinical aspects of venereal disease.
- (3) A local health service administered by the County Councils consisting of the school medical service, the infant welfare service, and possibly certain duties in connection with venereal disease. The responsibility for the domiciliary midwifery service seems uncertain. It is certain, however, that institutional midwifery will be in the hands of the Joint Board.



In addition to this another Body is to be appointed, a Central Health Services Council, to give advice to the Minister on such points as medical practice and medical teaching, hospital organisation, etc. The British Medical Association does not approve because this Body is to be appointed by the Minister and to report only through him. The public, it says, may have no knowledge as to what this Body recommends.

The Central Medical Board was suggested by the Government as an alternative to the objection of doctors to enter into contracts with local authorities. But two important powers are objected to by the British Medical Association, viz., (1) if a practitioner wants to start afresh in public practice in another area he must first obtain the consent of the Board, and (2) newly qualified practitioners desiring to take up public practice in a particular area are to be whole time officers. But a questionnaire replied to by 25,435 doctors did not consider that the first proposal was unreasonable, 57 per cent agreeing, but as regards (2) the great majority considered the proposal unreasonable.

A similar query sent to the British medical students considered the whole time requirements of the White Paper reasonable, 53 per cent being favourable, and considered a salary of £560 per annum satisfactory, compared with £520 advised by their seniors.

A general practitioner aged 40 should be satisfied with a salary of £1520 without a pension, and £1280 with an adequate pension.

The total cost of the scheme for England and Wales is estimated as £132,000,000, to be derived from taxes, rates, and social insurance.

The Joint Health Authority comes in for much criticism.

It has to plan and administer hospital and allied services, and plan non-hospital services. No steps are proposed to ensure that either these Joint Health Authorities or their Committees will contain persons of knowledge and experience in these subjects.

The size of the population of the Joint Boards is said to vary from a million to half a million. Some counties, presumably, will be able to form their own Joint Boards at once; for the others it will be long before effective Joint Boards can be set up, and at first they will delegate back their powers to the counties.

The great objection to the Joint Board is that there is little suggestion of intimate connection with the existing Public Health services. The local Medical Officer will have no close connection with the large fever hospitals which are projected by the Joint Boards. The Medical Officer of Health will no longer be an expert diagnostician as he will cease to be in clinical charge of an institution. He will still have to endeavour to check epidemics, but he has no right of entry to the hospital, and will be unable to question patients as to their movements before entry to hospital, whence they get their milk, their water, and their food.

Up to now the Medical Officer and his trained staff has carried out this work successfully. Such work cannot be dealt with by laboratory technicians as suggested in the White Paper.

Again, tuberculosis is to be taken away from the Public Health Departments, as if a problem of this nature could be dealt with entirely by institutions. Environment counts for much. Not all patients are suitable for sanatoria; others, owing to their financial and domestic circumstances, must be removed at once.

A scheme for tuberculosis similar to that proposed in the White Paper has been in force for years in Wales, but the high death rate for that Country still remains a national disgrace. The horrible sanitary conditions account for much and are no doubt dependent upon the separation of the clinical and public health services.



### Venereal Diseases Scheme.

In many areas this has been, and in many more still is undertaken by voluntary hospitals. This was not successful in Rutland and the Soke of Peterborough, and it is now recognised that ad hoc centres function well. Both venereal disease and tuberculosis owing to their chronicity and their widespread sociological implications are unsuitable for voluntary hospital organisation, which is primarily not concerned with disease, but only with the breakdown from disease - a service which is splendidly performed.

The school medical service which has done so much for over thirty years is also to be disintegrated. Treatment is to be taken out of its hand, and the ailing school child will be referred to his own doctor, with the same result as when medical inspection was begun - no treatment was, or will be obtained.

This widespread system of destruction, or should I say reconstruction, outlined above, is surpassed by the chaotic arrangements suggested for maternal and child welfare. Antenatal centres will be administered by one authority, the maternity hospital by another, and the control of midwives by yet another.

Voluntary hospitals are seriously alarmed as to their future. The contributory scheme on which so many depend for their beneficent activities will cease to function. They will have to make contracts with local authorities and will receive less than the cost of the work they do. They complain that they are afforded no effective place in the administrative or advisory machinery either at the Centre or locally.

### Health Centres.

The Government's proposal seems to suggest a service very similar to that afforded by out-patient departments of voluntary hospitals and dispensaries, and not the recreational, educational amenities and medical care of the Peckham Health Centre, which was built at a cost of £38,000. The top floor is devoted to medical consultation rooms and laboratories, a library, workroom, and games room. The floor below is occupied by a large social hall and cafeteria. The ground floor consists of a swimming bath, gymnasium and theatre. For a weekly subscription of 1/- per family, entitling all children under 16 or still at school, is offered a periodical health overhaul, with laboratory examinations, advice on contraception, infant care, immunisations, sex, and a general use of the building, including the cafeteria, dance hall, and night nursery. Small charges are made for swimming baths, billiard tables, table tennis, darts etc. The total income derived from these two sources is £10,000 a year. How necessary such a Centre is has been proved by the figures revealed by the medical examinations. 25 per cent were actually diseased and knew it. 68.5 per cent more suffered from serious or trivial diseases, varying from cancer and nephritis to worms or such disease as rickets, and were not aware of their disabilities. Only 9.2 per cent were found without defects or deficiencies.

The Medical profession is strongly in favour of the Health Centre, 68 per cent being in favour, varying from 84 per cent among salaried doctors, 83 per cent of service doctors, 60 per cent of general practitioners, and 67 per cent of consultants.



How far can Health Centres be established in Rutland ?

In part, I think, by taking over large country houses, rectories and vicarages, which are now a worry and encumbrance to their owners and tenants, by extension of village clubs, and by the evening use of your excellent central schools.

With regard to the reaction of the public as a whole, I personally have not ascertained that there is any overwhelming desire for these changes. "The News Chronicle" organised an investigation. 55 per cent voted for a National Health Service, 32 per cent said "leave things as they are", and 13 per cent said they did not know. The idea of a medical man being used to ensure health and detect disease in its early and curable state has not yet penetrated the minds of the general public, nor for the matter of that, to the Ministries of Health and Education.

#### POPULATION

The population of the County in 1943, as estimated by the Registrar-General is 18,730 - a decrease of 250 on his estimate for the year 1942.

#### EXTRACT FROM VITAL STATISTICS

<u>Live Births</u>	Legitimate	Males	158.	Females	152.	Total	310
	Illegitimate	"	10	"	4	"	14
	Total	"	168	"	156	"	324

#### BIRTH RATE 17.2

<u>Stillbirths</u>	Males	11.	Females	5.	Total	16.
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Rate per 1000 total births 47.0.

<u>Deaths</u>	Males	120.	Females	110.	Total	230.
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#### DEATH RATE 12.2.

Deaths of infants under 1 year of age per 1000 live births :-

Legitimate	14	Rate	45.1
Illegitimate	2	"	142.8
Total	16	"	49.3

Number of women dying in, or in consequence of, childbirth :-

From sepsis	1
From other causes	1
Deaths from Measles (all ages)	1
Deaths from Whooping Cough " "	1
Deaths from diarrhoea (under 2 years)	0

The rateable value of the County is £112,949, and the product of a penny rate is £468-11-10.

The birth rate for England and Wales was 16.5; in the 126 great towns 18.6; in the 148 smaller towns 19.4, and in London 15.8. In England and Wales the stillbirth rate was 0.51 per 1000 of the population; in the 126 great towns 0.63; in the 148 smaller towns 0.61, and in the London Administrative County 0.45.



There has been a considerable increase in the number of births in Rutland during the last years, the figures for the last six years being:- 1938 - 252; 1939 - 256; 1940 - 288; 1941 - 315; 1942 - 335; 1943 - 324.

During the first Great War in the years 1915 to 1918 the births numbered 376; 311; 272; 263. This may be explained by the greater number of men then serving overseas.

### MIDWIVES

285 of the 340 live and still births in 1943 were notified to the County Medical Officer, 187 by midwives and 98 by doctors.

The number of cases notified by each midwife was as follows :-

Uppingham Nursing Association	Nurse Silk	25
" " "	" Hetherington	25
Oakham Nursing Association	" Farquhar	24
" " "	" Coleman	7
Barrowden Nursing Association	" Cashen	19
Ketton & Rynall Nursing Association	" Jackson	15
Langham Nursing Association	" Keay	13
Greetham Nursing Association	" Bashford	22
Empingham Nursing Association	" Boden	24
Great Easton Nursing Association	" Leadbeater	1
Midwife in Private Practice	" Bryan	12
		<u>Total</u> 187

The number of cases in the area of the Local Supervising Authority attended during the year by midwives was as follows :-

	<u>Domiciliary Cases</u>	<u>Cases in Institutions</u>
Employed by Voluntary Associations under arrangements made with the Local Supervising Authority in pursuance of Sect. 1 of the Midwives Act, 1936		
(a) as midwives	153	0
(b) as maternity nurses	43	0
In private practice as midwives	18	0
as maternity nurses	9	0
Totals ) as midwives	171	0
( as maternity nurses	52	0

Medical aid was summoned by the midwives in 57 instances ( all for domiciliary cases), viz., in 27 for ruptured perinaeum; in 14 for prolonged and difficult labour; in 2 for feebleness of infant; in 3 for miscarriage; in 2 for discharge from baby's eyes; in 2 for stillbirth, and for one each of the following conditions:- oedema of feet, phimosis ( baby), cold, high temperature, raised pulse rate, haemorrhage, and uterine inertia.

Fifty-three claims were paid by the County Council under the Midwives Act 1918 during the year. The whole of the fee was recovered from the patients in 45 cases, and a part of the fee in 8 cases.



## PROFESSIONAL NURSING IN THE HOME

Details of the work of the various District Nursing Associations are given below :-

### Uppingham Nursing Association

The County Council makes a grant of £210 a year to the funds of this Association, which includes a special grant of £20 for the village of Belton. Two fully trained nurse-midwives are employed ( Nurses Silk and Hetherington). The district includes the town of Uppingham, and the villages of Ayston, Belton, Caldecott, Lyddington, Preston, Ridlington, Seaton, Stoke-Dry, Thorpe-by-Water, and Wardley.

The following work was carried out from April 1st 1943 to March 31st 1944:

Midwifery cases	26;	Visits	411.
Maternity "	18;	"	308
Medical "	89;		
Surgical "	60.		

1,992 general visits were paid, 418 casual visits, and 167 ante-natal visits. Altogether 3,296 visits were paid by the Nurses during the year, compared with 3,287 in the previous year.

### Ryhall & District Nursing Association

Nurse Jackson, who holds the C.M.B. Certificate, carries out the work of this Association, to which has been added the Ketton Nursing Association, and work is now undertaken in Ryhall, Essendine, Great Casterton, Little Casterton, Tolethorpe, Pickworth, together with Ketton, North Luffenham, Tickencote, Tinwell, and Tixover ( formerly covered by the Ketton Nursing Association).

Nurse Jackson also assists the County Medical Officer with tuberculosis and venereal diseases work on Monday evenings and all day on Thursdays. The following is a record of the work performed during the year ended March 31st 1944:

Midwifery cases	11;	Visits	236.
Maternity "	1;	"	0
Medical "	17;		
Surgical "	15.		

1,586 general visits, 1,119 casual visits, and 88 ante-natal visits were paid, making a total of 3,029 visits during the year, compared with 3,384 in the previous year.

### Barrowden & District Nursing Association

The Rutland County Council subsidizes this Association to the extent of £90 per annum. The work is carried out by Nurse Cashen, who holds the C.M.B. Certificate. The Association undertakes work in the villages of Barrowden, South Luffenham, Morcott, Wing, Glaston, and Bisbrooke. During the year ended March 31st 1944 the following work was carried out:

Midwifery cases	13;	Visits	227;
Maternity "	5;	"	73;
Medical "	6;		
Surgical "	7.		

1,640 general visits, 229 casual visits, and 86 ante-natal visits were paid. Altogether 2,255 visits were paid by the Nurse, as compared with 2,274 in the previous twelve months.



### Oakham Nursing Association

The work of this Association is undertaken by Nurse Farquhar, who holds the C.M.B. Certificate. The Rutland County Council makes a grant of £100 per annum to the funds of the Association, which undertakes work in the town of Oakham.

During the year ended March 31st 1944 the following cases were attended:

Midwifery	28;	Visits	606;
Maternity	3;	"	57.
Medical	31;		
Surgical	20.		

860 general visits were paid by the Nurse, 263 casual visits, and 141 ante-natal visits - a total of 1,927, as compared with 2,331 in the previous year.

### Empingham & District Nursing Association

This Association is subsidized by the County Council to the extent of £110 per annum, and undertakes work in the villages of Empingham, Edith Weston, Eggleton, Exton, Hambleton, Horne, Lyndon, Manton, Normanton, Whitwell, Gunthorpe, and Martinthorpe. The work is undertaken by Nurse Boden, C.M.B., and the following is a record of the work done from April 1st 1943 to March 31st 1944 :-

Midwifery cases	24;	Visits	245;
Maternity	" 8;	"	115;
Medical	" 40;		
Surgical	" 11.		

Total number of visits 1,302, including 658 general, 123 casual, and 161 ante-natal visits. Last year 1,386 visits were made.

### Langham & District Nursing Association

The County Council makes a grant of £100 per annum to the funds of this Association, which undertakes work in the villages of Ashwell, Barleythorpe, Burley, Langham, Whissendine, and midwifery and maternity work only in Braunston, Brooke, and Leighfield.

Nurse L. Keay, C.M.B. carries out the work. The following is a record of the work performed during the year ended March 31st 1944:

Midwifery cases	19;	Visits	288;
Maternity	" 12;	"	169;
Medical	" 41;		
Surgical	" 35.		

Total number of visits 2,862, including 1,779 general, 483 casual, and 143 ante-natal visits. Last year 2,432 visits were paid.

### Greetham & District Nursing Association

This Association undertakes work in the villages of Greetham, Clipsham, Cottessmore, Barrow, Market Overton, Thistleton, and Stretton, and is subsidized by the County Council to the extent of £110 per annum.

The work is carried out by Nurse Bashford, C.M.B., and the following is a record of the work done during the year ended March 31st 1944:-

Midwifery cases	23;	Visits	373;
Maternity	" 5;	"	51;
Medical	" 160.		
Surgical	" 40.		

1,245 general visits, 151 casual visits, and 85 ante-natal visits were paid - a total of 1,905, compared with 1,825 last year.



The County Council pays an annual amount of £935 to the County Nursing Association, which is allocated as follows :-  
£830 for distribution to the various District Nursing Associations;  
£ 30 in respect of holiday nurses  
£ 30 for emergency nurses  
£ 30 for post certificate courses  
£ 10 in respect of nurse's services at V.D. Clinic.  
£ 5 in respect of administration.

The small number of births attended in the Ryhall district is due in all probability to the number of cases going to Stamford Infirmary.

The increased salaries paid to midwives led the Nursing Association to consider reduction of the staff. It was, I think, a reasonable suggestion that the Barrowden and Empingham nurses should be given notice and that most of the work should be redistributed. It has always seemed to me unnecessary to have two nurses in Uppingham, where only 1,648 visits are paid by each nurse - a total of 3,296 visits and only 22 midwifery and maternity cases attended by each nurse - a total of 44. A considerable proportion of the population of Uppingham is connected with the public school and is not dependent upon the services of the nurses.

The Empingham Nurse only made 1,302 visits in 1943 and 1,386 in 1942. The medical men complained, and the Nursing Association decided to reform the Barrowden District Nursing Association.

In my opinion domiciliary midwifery is at the present time dead. It is increasingly difficult to get women to assist in running the home when the mother is in bed. It seems essential that after the termination of hostilities a Home Help Service should be organised, and I have every hope that there will be numerous recruits for this service from the women at present employed in the services.

#### ANTE-NATAL EXAMINATIONS

Sixty-two women were examined ante-natally under the County Council scheme by several practitioners. 78 examinations of these women were made. One woman was examined 7 times because the doctor could not be sure as to the viability of the infant. Two women had three examinations, and five women had two examinations.

The majority were free from defect. Six had varicose veins, 4 suffered from albuminuria, 3 were anaemic, and three had very bad teeth. In three there were varying degrees of pelvic contraction. In three the presentation was doubtful, and in one of these a breech was converted into a head presentation. A vaginal discharge was recorded in two. Scabies was diagnosed in one case.

In one a good Council House was in a filthy condition necessitating removal of the woman to a nursing home. Only one woman was examined post-natally.

#### Dental Treatment

Two nursing mothers were treated by extractions in 1943, but no artificial dentures were fitted.

Three pre-school children were also treated.

#### Maternity Outfits

You have continued to supply maternity outfits, and during the year eleven dozen outfits were supplied to expectant mothers in the County.



## VACCINATION

I am indebted to Mr Watson for the following report on vaccination.

<u>1943</u>	Number of Births	284
	Successfully vaccinated	60
	Died unvaccinated	10
	Statutory declarations received	206
	Removed or outstanding	8

## HEALTH VISITING

During the year Nurse L. Shelton has assiduously visited newly born infants and children under school age.

Her findings are detailed below.

Forty-two visits were paid to expectant mothers. 3,412 visits were paid to infants under 1 year of age, 370 of these being first visits. To children between the ages of 1 and 5 years 3,065 visits were paid. Altogether Nurse Shelton made 6,519 visits during the year, as compared with 6,472 in 1942.

The record cards of the 370 infants who were visited for the first time were examined in detail. Eleven of these were stillborn, one stillbirth being due to a breech presentation.

The method of feeding the 359 live born infants was as follows :-

Breast fed	191
Bottle fed	81
Breast and bottle fed	57
No record	30

Of the bottle fed infants 60 were brought up on cows' milk; 6 on Ostermilk, 4 on National Milk, 6 on "Cow & Gate" food, 2 on Allenbury's Food, 2 on Nestle's milk, and 1 on Truefood.

A record as regards the use of a comforter or dummy teat was made in 301 cases. 60 made use of this insanitary appliance, and 241 did not.

324 of the 359 live born infants were sturdy, healthy youngsters; 20 were delicate, and 15 died during or before the period of the Nurse's visits, the causes of death being as follows :-

prematurity 8 (four of these being twins), whooping cough 1, spina bifida 1, hydrocephalus 1, marasmus 1, tuberculous meningitis 1, pneumonia 1, and one infant died shortly after Caesarean delivery.

The method of feeding the 20 non-thriving babies was as follows - breast fed 5; bottle fed 11; breast and bottle fed 4.

302 of the babies slept in a separate cot or basket; 25 slept in the same bed as the parents, and in 32 cases no record was made.

The clothing of the infants was satisfactory in all but five cases.

The health of the mothers was generally good. 14 mothers had bad teeth, but only two of these submitted to dental treatment under the Authority's Scheme. Seven mothers suffered from chronic constipation, three were anaemic, 2 had bad varicose veins, 2 had breast abscesses, and one mother suffered from a goitre. One mother was mentally defective. Two mothers died shortly after their confinements.

Six of the mothers were described as dirty and slovenly.

The following scanty bedroom accommodation was noted :-

13	persons	slept	in	3	bedrooms	in	1	case
10	"	"	"	3	"	"	1	"
9	"	"	"	3	"	"	1	"
8	"	"	"	2	"	"	2	cases
7	"	"	"	2	"	"	2	"
6	"	"	"	2	"	"	5	"

Six of the houses were described as dirty and neglected, and several houses were in general bad repair or were damp.



## CHILDREN AND YOUNG PERSONS ACT 1929

Nurse Shelton is the appointed Visitor under this Act. At the end of the year six children were on the Register. All were well cared for and in a satisfactory condition of health. Two children were officially adopted by foster parents during the year.

### THE WORK OF THE CONSULTANT OBSTETRICIAN, AND CONFINEMENTS IN INSTITUTIONS

The following patients were referred to Dr Till, or were admitted to Institutions for their confinements during the year.

- F.B. Was referred to Dr Till on account of toxæmia, slight pelvic contraction and an occipito posterior presentation. She went into Stamford Infirmary on 31- 7- 43, and went into labour on 7- 8- 43. By this time the toxæmia had improved. A concealed accidental hæmorrhage occurred during labour, and she suffered from considerable shock. She was eventually delivered by forceps after manual rotation episiotomy. A pint of blood followed by a pint of plasma and a pint of saline rapidly improved her condition. The subsequent stay in hospital was uneventful. Here is a case in which the mother's life was clearly saved.
- O.W. I was advised by her doctor to obtain admission to Stamford Infirmary on account of domestic conditions, failure of head to engage, albuminuria and hydramnios. She was delivered spontaneously at the Hospital. The foetal position was often transverse during her waiting period in hospital and it was necessary to keep it corrected with pads and abdominal binder.
- M.D. Was referred to Dr Till on account of a medium degree of pelvic contraction. She was a primipara. The presentation was a left occipito-posterior with an extended head. She was delivered spontaneously at Stamford Infirmary.
- L.W. Was referred to Dr Till because she was pregnant of her third child, and the first two infants had been delivered by Caesarean section. Dr Till found a general contraction of the pelvis, but the amount of deformity was not gross. There were two alternatives, delivery at the 36th week by induction of labour or classical Caesarean section. Dr Till advised the latter method, as the uterine scar might rupture. A Caesarean section was performed by Dr Purdy at the Rutland Memorial Hospital.
- M.A. Was sent to Stamford Infirmary on account of bad home circumstances. She was delivered naturally.
- E.A. Was referred by a midwife on account of previous difficult instrumental deliveries, and the question of whether a Caesarean section would be necessary. Dr Till considered it unnecessary, and she was delivered naturally by a midwife.
- M.P. Was referred on account of a previous difficult labour and a dead child. Nothing abnormal was found and she was delivered naturally by a midwife.



- M.M. Was referred by her doctor on account of pelvic disproportion. She was admitted to Stamford Infirmary already in labour with the waters ruptured. The position of the foetus was a brow presentation. A spontaneous stillbirth took place. The foetus exhibited a severe degree of water on the brain, a lower dorsal spina bifida, and a double club foot.
- E.N. Was referred by her doctor on account of previous delivery by Caesarean section, for malpresentation, for which condition no attempts at version were made. Dr Till found everything normal, a slight occipito-anterior presentation, and a roomy pelvis. She was delivered naturally by a midwife.
- F.W. Was referred by her doctor for previous malpresentation. Dr Till found everything normal, and she was delivered naturally at home.
- L.S. Was referred by her doctor on account of congenital heart disease and slight pelvic contraction. Dr Till did not consider a Caesarean section necessary. She was delivered by her own doctor at home.
- M.G.C. Was referred on account of pelvic contraction. Dr Till advised that the amount of contraction was not gross, and that she should be admitted to an Institution for trial labour. This she refused, and she was delivered naturally by her doctor at home.
- W.S. Was admitted to Stamford Infirmary on account of bad home circumstances. She was delivered of a female child weighing 6 lbs 6 ozs.
- A.C. Was admitted to Nurse Green's Home on account of bad home circumstances. Her confinement was uneventful.
- D.B. Taken to the Rutland Memorial Hospital on 27-10-43 with intention of rupturing the membranes without anaesthesia in an attempt to induce labour. As patient was a multipara, there was a good chance of doing this and it was intended to send her home immediately after rupture of membranes. The patient was so uncooperative, however, that an anaesthetic was found necessary and it was then decided to be certain of the induction and pass a stomach tube into the uterus. This was done without incident. As the patient was highly toxic I agreed to her being transferred to Nurse Green's Home, where she was delivered spontaneously of a dead foetus on the following day.

In addition to the above four other patients were admitted to Nurse Green's Home for their confinements, three on account of unsuitable home circumstances, and one patient from the Oakham Public Assistance Institution. Another patient, an Evacuee, was delivered by Caesarean Section at the Rutland Memorial Hospital.



## INFANT MORTALITY

According to the Registrar-General 16 infants died before reaching the age of one year -- a mortality rate of 49.3, which is the highest number of deaths since 1929. However, I have only received death certificates in respect of 13 Rutland infants -- a mortality rate of 40.1 -- and two more who died in a Nursery School in Rutland, but whose homes were outside the County.

It should be noted that seven of these infants did not live a day; two more lived under a week, one died aged 3 days, and the other aged 5 days. One lived a month, one 6 weeks, one 3 months, and one for 8 months.

Eight of these deaths were due to prematurity; 4 of these premature deaths occurred among twins. 6 of the 8 prematurity deaths occurred within the first day of life. Two deaths were assigned to marasmus or failure to thrive in infants aged 5 days and 3 months respectively. One child was born with a split spinal column and survived only one day. One infant died of pneumonia aged one month, and another aged 8 months died of tuberculous meningitis.

The only death which might have been prevented is the one due to pneumonia.

The number of infant deaths and the rates in each year since 1910 are as follows :-

<u>Year</u>	<u>Number of infants dying under 1 year of age.</u>	<u>Rate</u>
1910	31	75.0
1911	40	92.3
1912	16	39.6
1913	34	56.0
1914	32	86.7
1915	33	86.7
1916	24	77.1
1917	21	76.9
1918	18	68.9
1919	22	90.1
1920	25	62.9
1921	16	44.4
1922	12	35.9
1923	17	55.5
1924	23	72.5
1925	23	79.8
1926	18	60.2
1927	16	62.9
1928	12	45.9
1929	22	84.2
1930	12	44.6
1931	7	26.2
1932	9	33.5
1933	12	52.4
1934	12	50.8
1935	10	41.1
1936	11	43.3
1937	13	52.0
1938	9	35.7
1939	9	25.1



Number of Infant deaths and rates continued.

<u>Year</u>	<u>Number of infants dying under 1 year of age.</u>	<u>Rate</u>
1940	13	48.5
1941	10	31.6
1942	10	29.8
1943	16 (Registrar-General)	49.3
	13 (County Medical Officer)	40.1

There were in 1943 two deaths among the 14 illegitimate children, and only 14 deaths among the 310 children born in wedlock according to the Registrar-General's figures.

In England and Wales as a whole the mortality rate was 49; in the 126 Great Towns 58; in the 148 smaller towns 46, and in London 58.

Recently there has been a demand for infant welfare centres by members of the general public, and in addition statements were made as to the inadequacy of the health visiting in Rutland.

In consequence I presented a report to the Sub-Committee appointed to deal with the matter ( a copy of which is given overleaf) in which I showed how little good has been effected by these centres in other counties as compared with Rutland, which has never had any clinics. My personal experience of infant welfare clinics in another County is that only the good and intelligent mother attends welfare centres. They attend chiefly to get dried milk at a cheaper rate than they could buy it at the grocer's or chemist's.

I append ( overleaf) my Report to the Sub-Committee.



# PROPOSAL TO ESTABLISH MOBILE INFANT WELFARE CLINIC.

## REPORT TO SUB-COMMITTEE

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Some years ago the question of establishing infant welfare centres was considered by the Public Health Committee. I stated at that time that I was doubtful if much benefit would accrue, but at the same time offered to do the work for three months without additional salary.

There has been all over England a great decrease in infant deaths since the last War, and this decrease has been as marked, or rather greater, in Rutland as in areas where infant welfare centres have been established.

In Rutland a Health Visitor has been appointed, and directions on the feeding of infants, and diet sheets for children from six months to 5 years of age are sent to the parent of every notified birth.

These have recently been brought up-to-date.

Further, the nurse refers cases of ill health among infants to me or to their own doctor, and in this way cases of club feet, congenital dislocation of the hip, enlarged tonsils and adenoids etc have, and are being treated.

The number of visits paid by the Nurse, as will be seen in the appendix, is as high as in other counties.

Mobile clinics have been established in Worcestershire, Somerset, and Hampshire. I have written to the County Medical Officers of these authorities, but so far have not received a reply, except from Worcestershire, where the mobile clinics have been suspended during the War. A letter with regard to this matter from the Regional Medical Officer, Dr Godber, is appended. He does not advise the establishment of a mobile welfare clinic.

The infant deaths that now occur in Rutland are chiefly in the first days or first few weeks of birth, such as premature births, injuries at birth, defects such as split spinal cords etc. These deaths cannot be prevented by infant welfare centres. This is referred to by the Medical Officer of Health for Cambridgeshire.

I append a statistical enquiry concerning health visiting and infant mortality in various counties, and in England, and Rutland.

RUTLAND.      1938.      Infant mortality rate 35.7.  
                 1942.      Births 335. Deaths of infants under 1 year 10.  
                              Infant mortality rate 29.8.

Infant mortality rate for Rutland for last ten years ( 1933-42)  
41.3 per 1000 live births.

Infant mortality rate for England and Wales for last ten years ( 1933-42)  
55.8

Visits made by Health Visitor ( 1942) 3,325 to infants under one year -  
average of 9.8 visits per infant.

3,009 visits to children between 1 yr and commencement of school life -  
average of 4 per child.

Overleaf are details of visits paid in other counties, taken from Reports for 1938, the last pre-war year. I have taken the figures from any of the reports I had at hand, as far as possible from other agricultural counties.



NORTHAMPTONSHIRE. Births 3,185. Deaths 131. Rate 41.4.

21 Health Visitors made 27,505 visits to infants under 1 year, i.e., 8.5 visits to each, and only 31,570 visits to presumably over 12,000 children between 1 and 5 years, an average of 2.9 per child. There are 21 Health Visitors and 26 Infant Welfare Centres.

WEST SUFFOLK. Births 1,360. Infant mortality rate 29.4.

In this County there are 15 infant welfare centres held monthly, with the exception of Bury St. Edmunds Clinic.

BERKSHIRE. Births 3,232. Deaths 132. Infant mortality rate 40.75

There are 26 infant welfare centres run by local Committees. The County Council makes a grant. 839 children attended for the first time. 15,911 visits were made to children under 1 year, an average of 4.8 visits per infant. 26,281 visits to presumably 12,000 children between 1-5 years were made, somewhat over 2 visits per child.

CORNWALL. Births 4,047. Deaths 203. Infant mortality rate 50.16.

No centres are maintained by the Council, but voluntary associations run 22 infant welfare centres. 25,505 visits were made to the 4047 infants, or 6 visits to each infant. 29,876 visits were made to children between 1-5 years, presumably to 16,000 children - not quite two to each child.

SHROPSHIRE. Births 1,876. Deaths 172. Rate 47.

22,660 visits were made to 1876 infants, an average of 12 visits per case, and 28,738 to those between 1-5 years, or 4 per child. There are 14 infant welfare centres.

WORCESTERSHIRE. Births 5,053. Infant mortality rate 48.

Number of visits made by Health Visitors is not stated. There are 38 infant welfare centres, 14 provided by the County Council and 24 by voluntary associations. There is one itinerant welfare centre (since suspended during War) 13 villages were visited and the total attendance was 323.

EAST SUSSEX. Births 3,679. Deaths 117. Rate 31.8.

There are 56 maternity and child welfare centres, of which 5 are provided for by the County Council; the others have been established by local voluntary committees. Dr Glegg points out that the infant mortality rate in 1915 was 86.07; in 1938 31.8. In Rutland in 1915 the mortality rate was 86.7, and in 1938 35.7. The figures are about the same, but whereas East Sussex established centres, Rutland did not.

GLOUCESTERSHIRE. Births 5,441. Deaths 250. Rate 46.

13 whole time and 145 district nurses undertake the work. 29,678 visits were made by them to infants under 1 year of age, or 6 per infant, and an average of 2 visits to children between 1-5 years of age. There are 58 infant welfare centres.



NORTH RIDING YORKSHIRE. Births 5,262. Mortality rate 51.88.

43 infant welfare centres, 14 provided by the County Council and 19 subsidized by the County Council and set up by voluntary associations. Health Visiting is undertaken both by the County Council Nurses, who supervise 3523, and District Nurses.

The 13 whole-time County Council Health Visitors made 26,156 visits to infants under 1 year, or 7 visits per child, and to children from 1-5 years two visits per head.

EAST SUFFOLK. Births 2,868. Deaths 138. Rate 48.

95 of these 138 deaths occurred under one month. The mortality rate has decreased from 79 in 1916 to 48 in 1938; in Rutland during a similar period from 77 to 29.8.

Health Visiting is carried out by District Nurses, who paid 15,615 visits to infants under 1 year, or 5 visits per head, and 35,520 to children under 5, or 3 visits per head.

There are 20 infant welfare centres. 8 are held weekly, 6 fortnightly, and 6 monthly.

CUMBERLAND. Births 3,092. Deaths 184. Rate 59.

There are 12 infant welfare centres run by the Council and 3 by voluntary associations. Visits are paid by County Health Visitors and District Nurses. 21,709 visits were paid, or about 7 per infant. Between the ages of 1-5 years 16,799 were made or 1.3 visits per child. The infant mortality rate has always been high.

DERBYSHIRE. Births 10,166. Infant mortality rate 51.1.

There are 58 infant welfare clinics; 55 are run by the County Council and 3 by voluntary associations.

28,755 visits were paid to infants under 1 year, or 2.8 visits per infant, and 54,383 to children between 1-5 years, or about 1.1 visits per child. In addition the 10,166 infants made 50,002 attendances at infant welfare centres, or about 5 per infant.

HUNTINGDONSHIRE. Births 864. Deaths 40. Rate 46.2.

There are 8 clinics; one of these is a voluntary clinic.

8,060 visits were made to children under 1 year, or 9 visits per child. To children under school age, about 3,400 in number, 2.4 visits were paid to each.

ISLE OF ELY. Births 1,248. Infant mortality rate 56.89.

8,376 visits were made to infants under 1 year or 6.7 per case, and 10,146 to children between 1-5 years, or about 3 visits to each. Apparently there are no infant welfare centres.



LEICESTERSHIRE. Births 4,601. Deaths 212. Rate 46.0.

36 infant welfare centres, held weekly at 7 of the centres and fortnightly at the remaining 29. A Medical Officer attends. Only 1,853 of the infants attended the centres. No treatment is carried out. If the child requires treatment it is referred to own doctor; where the patient has no doctor the method of disposal is not stated.

28,339 visits were made by 20 Health Visitors to the 4,601 infants under the age of 1 year, or about 6 visits to each, and 36,570 to children between the ages of 1-5 years, an average of two each.

CAMBRIDGESHIRE. Births 1804. Deaths 54. Rate 29.9.

This is the lowest infant mortality figure ever reached, but is not quite so good as our optimum figure of 26.2.

The health visiting is undertaken by the District Nurses and the County Council nurse does little visiting.

Total number of visits paid to 1,804 births was 8,155, or 4 visits per head, and 26,215 visits to infants under 5 years, or rather less than 3 per head.

There are 16 infant welfare centres, but only 49.7 per cent of the infants attended them. Dr French says the largest part of the mortality was due to prematurity and congenital defect, the least likely to be susceptible to preventive measures.

Our position is therefore exactly the same as in Cambridgeshire, but Cambridge spends much money and energy on centres and too little on health visiting.

LINDSEY ( Lincs ) Births 4,296. Deaths 213. Rate 50.

66% of the deaths occur in the first weeks of life. The lowest figure obtained in this County was 46, as compared with 26 in Rutland. 34,355 visits were paid to infants under 1 year, rather less than 8 visits per child. Between the ages of 1-5 years 28,821, or 1.7 visits per head, were paid.

There are 36 infant welfare centres. 3,659 of the 4,296 infants attended these clinics.

HOLLAND ( Lincs ) Births 1,592. Infant deaths 49. Rate 49.

There are 4 Medical Officers and 10 infant welfare centres.

There are 10 Health Visitors. At some of the centres, especially at Wrangle, the infant welfare centre is regarded with suspicion. It will take years to bring about acceptance.

The number of visits paid by the ten health visitors is not given.



## DEATHS

The number of deaths in 1943 was 230 ( 120 males and 110 females) a death rate of 12.2.

In 1943 there were no recorded deaths in persons who had reached 100 years. There were 4 deaths ( all males) in persons who had reached 90 years, the oldest being 94. One of the four nonagenarians died from myocarditis, one from bronchitis, and two from the effects of an enlarged prostate gland.

36 persons reached 80 years ( 14 males and 22 females).

Cardio-vascular disease was the cause of death in 9 of the 14 males; two were due to cerebral haemorrhage, one to the effects of an enlarged prostate, one to bronchitis, and one to influenzal broncho-pneumonia. Six of the 22 females octogenarians died from cardiovascular disease, 4 from cancer, one affecting the sigmoid loop of the large intestine, one the gullet, one the bronchi, and one the breast. Three women died from gangrene, 2 from cerebral softening, 2 from bronchitis, 3 from broncho-pneumonia, one from influenza, and one from intestinal obstruction.

Looking at these figures one wonders if life could not have been prolonged if earlier treatment of those with enlarged prostate glands had been attempted. The deaths from pneumonia and broncho-pneumonia have throughout the country been in excess.

During the last decade it has gradually dawned upon the profession that there is a great scope for the prolongation of life and that such prolongation is well worth while, for remarkable work has been performed by persons over the age of superannuation. For instance, Goethe published "Faust" at 80; Titian painted his " Battle of Lepanto" at the age of 98; Michael Angelo " The Last Judgement" at the age of 65; Von Moltke crushed France at the age of 72, and was Commander-in-Chief of the German Army till the age of 88. Charles Macklin acted marvellously in the part of Sir Pertinax McSycophant at the age of 84. Gladstone was Prime Minister at 82, and Winston Churchill in the same position at the age of 66 hurled defiance at Hitler, and will conquer him before he is 71.

This leads me to make the suggestion that perhaps it would be well to start middle and old age welfare centres, beginning at 45 and continued throughout life.

For the infant welfare service, a system of allowances might be substituted to ensure good maternal attention. At the present time there is little need for infant welfare centres, but there is a need for research on the causes of prematurity in infants.

The Registrar-General records 28 deaths from cancer, one less than in 1942, but I have 35 death certificates in which cancer is noted as being a cause of death. 20 of these were in women and 15 in men. The organs affected in the 20 women were: breast 3; caecum 2; bronchus 2; liver 2; gullet 2; and one of each of the following:- colon, rectum, duodenum, stomach, sigmoid loop of the colon, intestines, scalp, ovary, and uterus.

Fifteen men were affected in the following organs: prostate 4; stomach 4; colon 2; and one of each of the following- rectum, intestines, tongue, glands of the neck, and face.



It is distressing that two women, one aged 46 and one aged 49, died from cancer of the breast, and one female died from cancer of the suprarenal body at the age of 46. A female died from cancer of the gullet aged 48, a female from cancer of the liver aged 50; one female died from rectal cancer aged 55, and one from cancer of the stomach at the age of 59. With these exceptions all were aged between 60 and 82 years.

Since my last Report you have given help to persons undergoing radium treatment at Scunthorpe in connection with the approved Centre at Stamford Infirmary, and shortly you will, I hope, sanction this scheme for the whole County.

In my Report for last year I mentioned that cold had been found useful in the treatment of cancer. Recently it has been found that the induction of a high temperature of  $104^{\circ}$  to  $106^{\circ}$  F. immediately prior to radiation resulted in considerable improvement in 67 per cent of the cases.

There has been no striking advance in the treatment of this disease but some relief to sufferers from cancer of the prostate has been obtained by castration, followed for ten days by intramuscular injection of Stillboestrol.

The Registrar-General records 8 deaths from pneumonia. I have record of 17 deaths, 3 of which were cases of lobar pneumonia, and the rest of broncho-pneumonia. In 8 of these 14 the primary disease was influenza. One of the three deaths due to lobar pneumonia occurred in a male aged 17 months; another in a man aged 39, and the third in a man of 75. The deaths from broncho-pneumonia occurred in a baby aged one month, in men aged 52, 31, and 22, and the rest in persons between the ages of 66 and 85. Much of this year's mortality is due to influenza.

Some impressive results have been obtained by disinfecting the air with propylene glycol or by ultra-violet, and should be adopted in all buildings where the public congregate.

There is no known drug, vaccine, or serum which can cure this disease, but the sulphonamides may be useful in the secondary infections.

There were no deaths in Rutland from syphilitic disease and there were no suicides.

There were 8 deaths from accidents, 2 females and 6 males. A female of 78 fell downstairs and died, and a female of 43 collided with a motor car. A male of 56 was run over by a horse and cart; a male of 50 was run over by a train, a man of 38 was burnt to death by his motor lorry colliding with an aeroplane; a male of 42 fractured his leg and bled to death. A man of 22, a member of the R.A.F., fractured his skull owing to a fall from his bicycle, and a male of 47 was killed by the overturning of his motor car, causing asphyxia. 24 deaths were assigned to "war operations", all in males between the ages of 19 and 32.

The Registrar-General records 50 deaths as due to heart disease. I have records of 46. Nine were due to mitral disease, 5 in men and 4 in women. One woman died of mitral stenosis at the age of 33, and one man of mitral regurgitation at the age of 39. The remainder were between the ages of 64 and 81.

Three women died of aortic regurgitation at the ages of 59, 68, and 70. 15 persons (9 males and 6 females) died of myocarditis between the ages of 63 and 94.



Heart failure due to high blood pressure was recorded in 6 men and 2 women. One man died aged 40; the others were aged from 73 to 85 years.

Coronary thrombosis and embolism accounted for 8 deaths, 5 in males and 3 in females. One woman of 53 died of embolism, the remaining deaths were in elderly persons between the ages of 63 and 77.

A male of 52 died from Hodgkin's Disease, and a man of 35 from leukaemia.

I regret to have to record the deaths of two women from childbirth. One woman aged 38 died from puerperal septicaemia at Markfield Isolation Hospital, where she had been sent by you.

Her death was certified as being due to bacterial endocarditis, but the Medical Superintendent informed me that her death was due to puerperal septicaemia.

A woman of 46 years of age died at the Rutland Memorial Hospital Oakham on 28-5-43. She had had, I think, eight children previously. She was visited by the midwife on Sunday, May 23rd, when everything appeared normal. On the following Thursday morning the patient was having fairly good pains, but as there was no definite advance the midwife called in a doctor, who found one hand prolapsed along the head. Forceps were applied by another doctor. The child's head was large owing to water on the brain, and the placenta, or after birth, was adherent. The patient became profoundly shocked. One of the doctor's had left, and the other advised her removal to the Rutland Memorial Hospital. He did not communicate with me. The patient died a minute or two after admission to Hospital. Transfusion in the patient's home would have been the ideal proceeding in this case.

Unfortunately some time ago when I brought the question of a "Flying Squad" from Stamford Infirmary to deal with cases of this kind you did not accede to my request. On July 12th you were good enough to sanction this proposal, whereby Dr Till and nurses will travel by motor to the patient's home and perform transfusion. The cost will be £5 fee and mileage.

Only two deaths are recorded from diabetes, both in females aged 72 and 74 years respectively.

There were 23 deaths from intracranial vascular lesions.

I have records of 21. 17 were due to cerebral haemorrhage, 7 being males and 10 females. The ages of the 7 males varied from 60 to 81; those of the 10 females from 49 to 90 years.

Three females died from cerebral thrombosis, aged 86, 83, and 80 years respectively. One male died from embolism aged 63.

Four persons died between the ages of 1 and 20 years; a child of 1½ years from lobar pneumonia, a boy aged 15 from acute inflammation of the wind pipe and pulmonary oedema: he died in the Sanatorium of a Public School. A youth of 19 was killed during war operations, and a girl of 19 died from rheumatic endocarditis.



## PULMONARY TUBERCULOSIS

There were only three deaths from pulmonary tuberculosis - a mortality rate of 0.16 per 1000 of the population.

The first was a case of a woman of 29, who was first seen by me on 8-8-38. She came to Rutland from Leicester. She began to cough in September 1934 and was sent by the Leicester Authorities to the Grooby Road Sanatorium, where she remained for 18 months. An artificial pneumothorax was attempted, but failed. A phrenicectomy was performed and Gold administered.

On my first examination I found a considerable amount of active disease in the left lung and some in the right. She remained well and afebrile till June 12th 1939, when the temperature went up to 100° and the disease appeared to be extending on the right. The temperature became normal after a month. In September 1939 she became pregnant and in October 1939 the pregnancy was terminated at Stamford Infirmary. Early in the next year she again became pregnant and had to be admitted to Stamford Infirmary for the termination of the second pregnancy. She then left the County and was not seen by me until June 1942, when the disease in the left lung was more extensive.

By September the disease had progressed in the right lung and she became febrile. The course was subsequently steadily downwards, and she died on November 30th 1943. I should say that she was referred to the Birth Control Clinic at Peterborough.

Here is a case in which every radical form of treatment had been tried and failed. Life was perhaps prolonged by the termination of pregnancy.

The second case, a girl aged 12, was first seen by me on November 11th 1932. She was then acutely ill with a rapid pulse, and signs of definite disease in the right lung. An artificial pneumothorax was attempted on 19-12-32, when a small amount of nitrogen (300 c.c.) was introduced into the pleural cavity, but subsequent attempts on 22-12-32 and 29-12-32 proved unsuccessful. She had a high temperature of 101° and 102° and a cavity appeared on 5-1-33 at the right apex. She was sent to Victoria Park Chest Hospital on 13-1-33, and on 15-2-43, I was informed by the Resident Medical Officer that she had developed an abscess of her chest wall, which appeared to come from a focus in her sternum. In the pus tubercle bacilli were found. A small ulcer appeared on her chest, which was treated by ultra-violet light. X-ray examination confirmed the diagnosis of right sided disease. The outlook was considered favourable. She returned home on 20-4-33 with a little discharge from the sternal ulcer. Her pulse was rapid. Sanatorium treatment was offered, but refused, and she remained in a quiescent state till November 1934. She then went away from Oakham till November 1937, when she was seen by me and found to have marked extension of the disease on the right side. She was admitted to Creton on 20-12-37, and discharged on 7-6-39. While at Creton a bilateral artificial pneumothorax was induced, but proved unsuccessful. The right sided artificial pneumothorax proved to be contra-selective and the one on the left failed to close the cavity. I saw her again on 12-6-38, and from that time till her death on 28-11-43 (aged 23) she remained under my care. She presented disease in all lobes of both lungs. She remained fairly well till August 1942, when distinct progression of disease in the left lung was observed. On 22-11-43 she had difficulty in breathing and she died on 28-11-43.

The case is interesting because the adult type of tuberculosis was present at the age of 12, and existed for the prolonged period of 11 years. Every form of treatment was attempted.



The third case occurred in a woman aged 35, who gave a history of ill health for over four years. Our Health Visitor had tried to persuade her to get treatment, but she refused. When first seen by me on 1-4-43 she had extensive disease in both lungs and tubercle bacilli in the sputum. I attended her from 1-4-43 to 1-7-43. She then persisted in getting up against my advice. I retired from the case and she died on 21-12-43.

The following are the number of deaths from pulmonary tuberculosis since 1910 :-

1910- 13;	1911- 16;	1912 - 12;	1913 - 12;	1914 - 15;	1915 - 9;
1916- 9;	1917- 14;	1918 - 11;	1919 - 8;	1920 - 10;	1921 - 13;
1922- 11;	1923- 5;	1924 - 5;	1925 - 5;	1926 - 10;	1927 - 7;
1928- 8;	1929- 10;	1930 - 10;	1931 - 4;	1932 - 10;	1933 - 7;
1934- 5;	1935- 5;	1936 - 5;	1937 - 7;	1938 - 5;	1939 - 8;
1940- 6;	1941- 2;	1942 - 4;	1943 - 3.		

The small number of deaths in 1943 and in all the War years is noteworthy. Unfortunately the number of cases reported by the Army authorities is increasing daily.

The following cases of pulmonary tuberculosis were notified during the year, and the arrangements for their treatment are detailed :-

Mrs J.C. Was a case in which both lungs and larynx were involved. She was in a good financial position and preferred to remain under her own medical adviser.

Mrs B. Was an advanced case, already referred to, who refused to carry out instructions. She died during the year.

Mr E.M. Was an interesting and puzzling case. He gave a history of lung trouble and blood spitting of many years duration. Some years ago he had, I was told, been X-rayed at Leicester with a negative result. I could make out nothing on examination and his sputum was negative. Subsequently he was seen again some months later when quite definite signs were present. On X-ray examination he was found to be a case of chronic miliary tuberculosis. He was sent to Creton on 21-9-43, and remained there till 13-1-44. He has done well, is doing light work, but still has quite definite signs in his lung.

Mr C. Was a case of generalized tuberculosis. He had been treated by operation for ischo-rectal abscess some two years ago. When first seen by me he had a large mass of suppurating glands in the groin, a tuberculous testicle, and signs in the lungs. He was sent to Stamford Infirmary for operative treatment on 4-5-43, but discharged himself on 1-8-43. He was attended by me till the date of his death on 25-1-44.

Mrs H. Was a woman of 46, who had been treated in Leicestershire. Her sputum has always been negative. She gave a history of several attacks of pneumonia and she had signs of a damaged right lung. Her sputum was negative with us, and X-ray examination did not reveal any tuberculous disease.

Mrs H. Was, I believe, the wife of an airman. She left the County after notification and I never saw her.



- Mrs F. Was the case alluded to in my Report for 1942. She is having left sided artificial pneumothorax treatment and is doing fairly well, but both lungs are involved.
- Mr R. Was notified as a case, but was referred to the Air Force Authorities who decided that it was a negative case. I have not seen him.
- K.L.N. Was an airwoman, who immediately after notification was transferred.
- Miss T. Was a case of blood spitting, who has frequently been brought to my notice, but she is not a case of tuberculosis. She was again X-rayed, with a negative result.
- Mr A.W. A case of tuberculous pleurisy, notified from a Naval Hospital. He was admitted to Creton on 5- 1- 44, and has done well and is fit for work.
- O.J.K. Was a case of tuberculosis in an airman. He was transferred to another County.
- Miss W. Aged 8. Was described in last year's report. She is confined to bed and is not doing well.

#### Dispensary Treatment

During the year 80 patients were seen by me. 843 home visits and examinations were made, and 15 dispensary visits and examinations, a total of 858, as compared with 73 patients in 1942 with 499 examinations, and 76 in 1941 with 623 examinations. 18 consultations were held with medical men, 20 X-ray examinations were made, and 50 artificial pneumothorax refills were given. 100 sputum examinations were made: 7 were positive and 93 negative.

#### NON-PULMONARY TUBERCULOSIS

Eight cases of non-pulmonary tuberculosis were notified during the year, 5 in males and 3 in females. Two of the males were suffering from tuberculous glands. One was treated privately, and the other was treated at Stamford Infirmary with great success. One male was admitted to Stamford Infirmary for sacro-iliac disease. He is doing well but was still in that Institution at the end of the year. Another was a case of tuberculous peritonitis in a youth aged 15, who was admitted to Stamford Infirmary on 7- 4 - 43, and discharged on 17- 8- 43 in an excellent state of health. One of the women suffered from tuberculous disease of the hip. She was admitted to Stamford Infirmary on 29- 7- 43, and was still in the Hospital at the end of the year. She is doing well. A girl of 10 had tuberculous glands of the neck. She has done well. A child of 10 months died from tuberculous meningitis.

#### SANATORIUM TREATMENT

During the year three males and one female were treated at Creton Sanatorium, and four males and one female at Stamford Infirmary.



On the Dispensary Register at the end of the year there were 19 men and 10 adult females known to be suffering from pulmonary tuberculosis, and two girls - a total of 31. Six adults (4 males and 2 women) were afflicted with non-pulmonary tuberculosis, and two boys and one girl with the same complaint.

#### Mass Radiography

Mass Radiography has been much discussed during the past year. It would appear that in the apparently healthy about 3 per 1000 are found to have active tuberculosis. In this County, therefore, some 50 additional patients would have to be treated annually. A mass miniature radiography unit will, I believe, be available in the County of Northamptonshire in 1945. Leicestershire is not receiving a Unit so soon.

The Regional Medical Officer suggests that for the four small counties of Rutland, Huntingdonshire, the Isle of Ely, and the Soke of Peterborough, a centre at Peterborough would be a solution to a very difficult problem.

#### Allowances to Tuberculous Patients

Allowances under this Scheme have been made to four patients. One of the patients died from spread of tuberculosis to other organs. In another the allowance ceased owing to the patient reaching the age of 65. In a third the patient is now doing well and may be suitable soon for light work. The last is performing light work.

#### VENEREAL DISEASES

Seventy-six new patients presented themselves for treatment or examination, as compared with 36 in 1942, 47 in 1941, and 22 in 1940. One of these, a female with gonorrhoea, had been removed from the Register in a previous year as a defaulter and had now returned for treatment. Eight cases of syphilis and six of gonorrhoea had been treated at other centres for the same infection.

There was one case of primary syphilis in a male. Two men and one woman applied for treatment in the later stages of the disease, and eight men who had been treated at other centres were included under the same category. There were 20 cases of acute gonorrhoea, 9 in men and 11 in women, and one male in a later stage of the disease. Thirty persons were diagnosed as suffering from conditions other than venereal - 16 men and 14 women. Three of these were still under treatment or observation at the end of the year.

On January 1st 1943 nineteen persons were under treatment (4 males and 11 females for syphilis, and 3 males and 1 female for gonorrhoea). Altogether then 89 persons passed through my hands during the year (50 men and 39 women). One case of syphilis, 9 of gonorrhoea, and 27 of other conditions were discharged as cured. One case of syphilis in a man died during the year, and one ceased to attend before cure.

Seven cases of syphilis, 6 men and 1 woman, were transferred to other centres, and 8 men and 9 women with syphilis were still under treatment at the end of the year.

Nine cases of gonorrhoea were cured, 4 lapsed before cure was effected, 5 were transferred to other centres, and 14 were still under treatment at the end of the year.



945 attendances were made during the year, 930 by the Medical Officer and 30 for intermediate treatment.

One male case of gonorrhoeal ophthalmia in a recently born baby was admitted to Addenbrooke's Hospital for five days.

350 of the 945 attendances were made by Rutland patients, 364 by Kesteven patients, 68 by Northamptonshire patients, 24 by patients from Holland (Lincs), 4 by Soke of Peterborough patients, 14 by Service cases, 149 by Prisoner of War patients, and 2 by Travellers.

361 injections of arsenic were given, and 336 intramuscular injections of bismuth. No cases of jaundice from the use of arsenicals was recorded.

453 pathological samples were examined at the Peterborough Memorial Hospital by Dr Fulton, viz.,

4 exudates for Treponema Pallida;

211 for the detection of gonococci;

25 for the detection of Trichomona Vaginalis;

83 for the Wassermann reaction;

66 for the Kahn reaction;

56 for the Gonococcal Complement Fixation Test;

8 examinations of the cerebro-spinal fluid. -

a total of 453, as compared with 174 in 1942: 213 in 1941, and 88 in 1940. In addition 126 samples were sent by practitioners,

22 for the detection of gonococci, 42 for the Wassermann test,

42 for the Kahn test, and 20 for the Gonococcal Complement Fixation test. The total cost of this laboratory work was £229- 10- 3d.

In my last Report I forecast a large increase in the number of cases of venereal disease. This forecast has proved correct.

During 1943 I received three notices under Defence Regulation 33.B., but with the exception of the case mentioned in my Report for last year, I only received two notices in respect of one person.

Two notices are necessary before attendance can be enforced.

One of these patients is attending regularly, and in the other only the Christian name was given, but from enquiries made I believe she has left the County.

These Regulations have been widely criticized and have received relatively little support. The number who have been served with the Statutory Notice is comparatively insignificant, but some 1,900 persons who had been informed against by one patient only had been persuaded to come for treatment. The number of prosecutions has not exceeded ten.

In view of the fact that all ethical influences and all warning lectures have proved futile to prevent the disease, it seems highly desirable that simple methods of prevention should be brought to the notice of the public. I give such information to patients when they come to the clinic if they have not got the disease, and also when they are discharged.



MENTAL DEFICIENCY ACTS 1913 - 1938

On January 1st 1944 fourteen males and twenty females were in approved Institutions. Four of the males were at Stoke Park Colony, 2 at Mountsorrel Institution, 7 at Stretton Hall, and 1 at Princess Christian's Colony.

Twelve of the females were accommodated at the Oakham Public Assistance Institution, 6 at Stretton Hall, 1 at Loughborough Public Assistance Institution, and 1 at Stapleton Public Assistance Institution. In addition 2 males and 2 females are resident in the Oakham Public Assistance Institution and are in receipt of public assistance. Two males and one female are in the State Institution for Mental Defectives at Rampton, Notts.

Altogether then, 39 defectives are in Institutions.

One male and one female are on Licence from public institutions.

One is working in Oakham at a hotel and living at home, and is doing well. Another - a male - is at the Stottesdon Agricultural Hostel near Kidderminster, Salop. He is a fairly good farm worker and is earning £3 a week. There are plenty of amusements at the Hostel and the men take part in the village fêtes, dances, and whist drives.

Nine defectives are under the Guardianship of their parents; this is one less than last year, as one man has been transferred to Stretton Hall at the request of his parent.

The Master of Oakham Public Assistance Institution reports that 3 of the 12 defective women are employed in the laundry, 3 in cleaning wards, 2 in the scullery, 2 in scrubbing floors, 1 as kitchen maid, and 1 as the matron's maid. All the defectives attend religious services at the Institution each Sunday morning, and occasionally visit local places of worship on Sunday evenings. In addition the Chaplain visits each defective on Friday afternoons.

Wireless is provided in the day rooms and also indoor table games and a gramophone. 570 woolen articles have been knitted by five of the defectives for the troops.

The following are reports on other defectives in Institutions :-

- W.R.      Aged 35. Both of these work in the gardens of Mountsorrel  
W.T.      Institution and keep their quarters clean. They go for walks  
             and go to concerts and the local cinemas. They attend divine  
             service.
- S.P.      Is an imbecile aged 35 with a mental age of less than 3 years.  
             He is given instruction in hand and eye training. He plays  
             low grade games and attends religious services.
- J.T.      Is an idiot aged 26, with a mental age of 2.1 years.  
             He is given instruction in hand and eye training, plays  
             low grade games, but does not attend religious services.
- G.W.      Is an imbecile aged 26½, with a mental age of 6 years.  
             He is employed on mat making. He does not play games but  
             attends divine service.
- F.S.      Is a feeble minded man aged 25 with a mental age of 10.8  
             years. He works in the boot shop. He goes in for sport  
             and billiards, and attends divine service.
- J.B.      Is a feeble minded man aged 32. He works on the land but is  
             deteriorating. He looks on at cricket matches, and goes to  
             religious services.



- H.B. Is an imbecile man of 33. He does nothing. He goes for walks and attends religious services.
- A.B. Is an imbecile woman aged 22. She knits. She is a cripple and has no recreation. She attends religious services.
- J.B. Is an imbecile man aged 21. brother of A.B. He is unable to work owing to his defective gait. He looks on at sports and attends religious services.
- E.C. Is a feeble minded woman aged 36. She is the nurses' bedroom maid. She plays games, goes for country walks, and attends religious services.
- C.G. Is a feeble minded woman aged 41. She works in the laundry, plays games, dances, goes for country walks, and attends religious services.
- D.G. An imbecile man of 24. He follows no occupation, is incapable of any form of recreation, and does not attend religious services.
- M.L. Is a mongolian imbecile aged 18. She attends school and religious services, and plays games.
- F.M. Is a feeble minded child aged 7 years, who attends school, plays games, and attends religious services.
- B.P. A feeble minded woman aged 26, who is assistant matron's maid. She plays cricket, net ball, dances, and goes for walks, and attends religious services.
- C.R. A feeble minded man aged 25. He works in the garden. He plays cricket, football, card games, dances, and goes to the cinema. He is seen by the Roman Catholic Priest.
- R.W. A feeble minded crippled man aged 28. He does domestic work and attends religious services. He is given an annual holiday with his sister at Kettering.
- G.W. A male mongolian imbecile aged 27. He does a little work. He plays rounders, and attends religious services.
- T.T. A feeble minded man aged 41. He is inclined to be quarrelsome. He is contented and happy. He does forestry work. He joins in all recreations and attends religious services.
- L.F. A feeble minded woman aged 46. She is employed as a cleaner in one of the sick wards. She attends religious services, goes to the pictures, and goes out for walks. She is a good worker, well behaved, and gives no trouble.

The following are reports on the nine patients under Guardianship.

- L.R. Is a male mongolian imbecile who works in a garden. He is well behaved, well looked after, and has a bedroom to himself.
- O.G. A male imbecile. He does work on an allotment. He has a good home and is well looked after.
- S.T. A male mongolian imbecile who assists his widowed mother. He has a good home and is well looked after.



N.M. A feeble minded woman who lives with her parents and is separated from her husband. She assists parents in their work.

K.P. Is an imbecile girl who looks after poultry, does domestic work and distributes newspapers.

H.M. Is a male imbecile who is unable to do any work. He is well looked after.

M.S. A feeble minded woman who does all the domestic work for her parents, who are old age pensioners.

E.N. A female mongolian imbecile who is well looked after in a good clean home by her parents, who are old age pensioners.

J.N. Is an imbecile man. He does a little farm work.

There are 28 women and girls under Statutory Supervision. 20 of these are classified as feeble minded, and 8 as imbecile. Four of them are married and carry on their domestic duties well. Eight are doing domestic work in their parents' homes. Eight are too imbecile or troublesome to be employable. One child who is epileptic and deeply imbecile went to a Home for epileptics, but had to be returned, and during 1944 was admitted to a Certified Institution in Wales. Two women are working at Carby, and 3 others are doing well in domestic service. One woman who lived with her parents tried to set a Club on fire. She was brought before the Justices at the Quarter Sessions and was warned. I attended and gave evidence as to her mental condition. One defective girl has been married, and another has had an illegitimate child.

There are 19 men under Statutory Supervision. One is classified as being an idiot, 6 as being imbecile, and 12 as feeble minded. The idiot and the 6 imbeciles do no useful work, and one feeble minded man is too feeble physically to do any work. One of the feeble minded men drives a tractor, one works as a gardener, one repairs bicycles and does other repairs, one assists a butcher, one works at the Ironstone quarries, and the others do a certain amount of work on the land.

#### MENTAL TREATMENT ACT

Two men and two women were admitted to the Carlton Hayes Mental Hospital during the year 1943 under the Mental Treatment Act as "Voluntary" patients.

The number of Rutland patients at the Leicester and Rutland Mental Hospital on the 31st December 1943 was 17 men and 25 women - 3 Voluntary cases and 39 certified cases.



## BLIND PERSONS ACT

At the beginning of the year 1943 there were 36 registered blind persons in Rutland. 33 of these were in receipt of old age pensions, and one other received a pension from another source. 32 were in receipt of a weekly grant from the Leicester Institute for the Blind. One person is in the care of St Dunstan's, one is in a Home for the Blind, and one in the Public Assistance Institution. One blind person is in training at the Leicester Workshops. Four are Braille type readers. 286 visits were paid to the Rutland blind by the Home Teacher, Miss E. Knowles, to whom I am much indebted for this information. Two blind persons died during the year, and 8 new cases were registered.

## FOOD AND DRUGS ACT 1938.

The following samples were examined under the Food & Drugs Act during the year :-

Milk	27
Beer	5
Cider	3
Baking Powder	2
Cake Flour	2
Mustard	2
Oatmeal	2
Curry Powder	1
Custard	1
Egg Substitute	1
Ginger Wine	1
Gravy Salt	1
Rhubarb Barley Water	1
Soup Powder	1
Vinegar	1
Gin	1
Whisky	1
Barley Flour	1
Cocoa	1
Coffee	1
Forcemeat	1
Mustard Mixture	1
Pudding	1
Pudding Mixture	1
Sponge Mixture	1

Total 61

All were taken formally. Four samples of milk were unsatisfactory, being deficient in fat to the extent of 35%, 23%, 16%, and 10% respectively. The vendors were prosecuted under the Food & Drugs Act. One was fined £2 and Analyst's fee, two were fined and the convictions subsequently quashed, and one case was dismissed. One sample of cider contained a trace of lead ( 3 parts per million) but two further specimens taken from the same source were satisfactory.



WORK OF THE MEDICAL OFFICERS OF HEALTH  
OF URBAN AND RURAL DISTRICTS

When my last Report was written, Dr Young's reports for 1942 were not available. They are now, and also the reports for 1943.

In the Oakham Urban District Report for 1943 Dr Young says that the public water supply is restricted to 5 hours a day, and of 22 samples taken 9 were unsatisfactory. This he attributes to the number of dead ends. These will be linked up when the Council acquires the undertaking. Owing to the shortage, the lime softening process is in abeyance. The water is chlorinated.

There are now only 42 pail closets in the town of Oakham. There were only two cases of overcrowding.

In the Oakham Rural District, Dr Young says that the water supplied by the Council in five parishes has been satisfactory.

33 samples were taken from piped supplies; 22 were satisfactory, 11 were unsatisfactory. Details of water analysis are as follows :-

Number of samples taken for analysis

(a) from wells	18
(b) from pipe supply	33

Results from samples taken:

(a) from wells	
satisfactory	6
unsatisfactory	12
(b) from pipe supply	
satisfactory	22
unsatisfactory	11

Weekly scavenging is provided for the villages of Cottesmore, Exton, Empingham, Langham, Market Overton, Greetham, Tickencote, Manton, and Whitwell, and partial removal for Ashwell, Barrow, and Whissendine.

Dr Young considers that the villages which are in most need of attention are Barrow, Edith Weston, Whissendine, Cottesmore, and Langham in the Oakham Rural District. Barrow will shortly be supplied from Market Overton, and Edith Weston from Empingham. At Whissendine where there is a Council supply the shortage is in part due to leakage in the connections, and in part to the large demands made by the agricultural hostel.

Overcrowding.

In 1942 in the Oakham Rural District 3 houses were overcrowded, containing 4 families and 18 persons. The position was the same in 1943, with the exception that 17 persons were accommodated in three houses.

In the Uppingham District the position is far more serious. Only two communities have a satisfactory water supply, Uppingham and Lyddington, and in the following villages a public supply is much to be desired:- Barrowden, Belton, Bisbrooke, Caldecott, North and South Luffenham, Morcott, Seaton, and Thorpe-by-Water. Wing and Glaston are omitted from Dr Young's list, but should, I think, be included.

There are 53 privies in the district, 920 pail closets, and 637 water closets. There is a great need for scavenging in the district. House refuse is only collected at 14 days interval at Uppingham, North Luffenham, and Morcott.

No mention is made as to overcrowding in the Uppingham Reports for 1942 and 1943.



In the Ketton Rural District a decent water supply is much needed at Ryhall, Essendine, Great Casterton, Pickworth, and Clipsham. The main supply to Ketton is satisfactory, but one supplying an industrial concern is bad.

Once a week scavenging is arranged for in Ketton, Ryhall, Great Casterton, and Essendine.

Only one case of overcrowding was discovered.

It is obvious that the great need of Rutland at the present time is a satisfactory water supply.

### H O U S I N G

Four new houses for agricultural workers have been built at South Luffenham on an excellent site, with a good garden round. At the back there is a large room for storing coal and bicycles. Opposite there is a washhouse with a sink and copper. There is a large living room, used as a kitchen, and a small parlour. There is a bathroom with lavatory basin close to the front entrance. Upstairs there are three bedrooms, one of which has a fireplace. There are no built-in cupboards, but there is an alcove for hanging clothes. The houses are lighted by electricity. Although there is a bathroom, W.C., and sink, the water is not yet laid on. The rent is 11/- per week plus 1/- per week rates.

Four agricultural workers houses have also been built at Great Casterton on a good site. They are lighted by electricity and contain a good fair sized parlour, a good kitchen, living room, scullery, and ventilated larder. There is a copper in the scullery. There is also a W.C. and coal house. In these houses the bathroom is upstairs and contains a good wash-hand basin. There is one large bedroom with a fireplace, a medium sized bedroom, and a small one the latter two without fireplaces.

Four good houses for agricultural workers have also been built at Market Overton. They are let at 10/6d per week including rates. They are built on a fine site with a magnificent view. There is a good garden. Outside there is a coal house and a shed for bicycles. On entering the back door there is a water closet, and a large combined kitchen-scullery with water laid on: a ventilated bathroom leads off the scullery. In front there is a large living room leading off a small entrance hall. Upstairs are three bedrooms: one large one with an alcove and fireplace, one moderate sized, and one small, the two latter without fireplaces.

Under the Housing ( Rural Workers ) Act, 1926- 1936, Mr Dolphin reports that during the year ending March 31st 1944 applications were made and grants approved for the conversion of three houses into two at Tickencote, and for the improvement of one cottage at Bisbrooke. This brings the total of grants approved since the Act came into force up to 96. Of these 76 have been completed, in 6 cases the grants were not taken up, 11 have been abandoned, and 3 not commenced.

A house at Exton has been satisfactorily repaired. Houses at Stretton, Tickencote, Whitwell, and Bisbrooke are being renovated under the Act.



## INFECTIOUS DISEASES

The following infectious diseases were notified during the year :-

<u>Disease</u>	<u>Oakham</u> <u>U.D</u>	<u>Oakham</u> <u>R.D.</u>	<u>Uppingham</u> <u>R.D.</u>	<u>Ketton</u> <u>R.D.</u>	<u>Total</u>	<u>1942</u>
Scarlet Fever	11	11	2	9	33	( 20 )
Whooping Cough	16	23	4	1	44	( 33 )
Diphtheria	4	0	0	2	6	( 7 )
Erysipelas	2	2	1	0	5	( 8 )
Measles	46	117	133	49	345	( 239 )
Pneumonia	6	9	13	3	31	( 9 )
Puerperal Pyrex.	4	1	1	0	6	( 3 )
Paratyphoid	0	1	0	0	1	( 0 )

The figures for the year show an excessive number of cases of pneumonia, due no doubt to the influenza epidemic. Measles notifications are over 100 more than in 1942. Puerperal Pyrexia is twice as frequently met as in 1942.

### Scabies

In the Oakham Urban, Oakham Rural, and Uppingham Rural Districts arrangements have been made for the treatment of scabies at the Scabies Centre, Melton Mowbray. 5 cases from the Uppingham Rural District and 5 from the Oakham Rural District were treated there in 1943.

In the Ketton Rural District scabies are treated at the Stamford Clinic by contract with the Kesteven County Council at a charge of £1- 1- 0 per patient. Number of patients from the Ketton area treated at Stamford during the year:-

Men	6
Women	9
Children	21

This is an increase of 18 cases compared with 1942.

### Diphtheria Immunisation

I am continuing to carry out diphtheria immunisation, and up to the 30th June 1944 the numbers immunised were :-

<u>District</u>	<u>Under 5 yrs</u>	<u>Over 5 years</u>	<u>Total</u>
Oakham U.D.	131	160	291
Oakham R.D.	320	394	714
Uppingham R.D.	277	633	910
Ketton R.D.	196	383	579
Totals :-	924	1, 570	2,494

### Whooping Cough

The work of immunisation against whooping cough has begun. It is more laborious, requiring at least four injections, which must be performed on different arms from the diphtheria immunisations. Personally I like to do it at different times, for if done with the same syringe the strength of the diphtheria toxin is diminished ( Guy Bousfield)

Up to the end of June 1944 whooping cough immunisation had been started or completed on 20 children.



### MILK ( SPECIAL DESIGNATIONS ) ORDER

During the year under review complaints were made to me concerning the milk supply to several schools in the County provided by accredited producers. The water supply of three farms was found to be contaminated with sewage, and tubercle bacilli were found in one of them.

The milk supply to several schools had to be suspended. Pasteurised milk was provided for schools in the Oakham and Ketton Districts, the first from the Melton Co-operative Society and the second from the Peterborough Co-operative Society. Owing to the expense of transport it has not been possible to provide pasteurised milk in the Uppingham district.

There are three Tuberculin Tested herds in the County. On January 1st 1943 there were 26 accredited producers, two less than in the previous year, two licences having been withdrawn.

### THE WORK OF THE DISTRICT POOR LAW OFFICERS

73 cases were attended during the year by the following Doctors :-

Dr Clapperton	43
Dr Edwards	12
Dr Williams	5
Dr Hutton	5
Dr Barton	8

Dr doubt the new medical arrangements will abolish this service.

CHRISTOPHER ROLLESTON

Ketton  
Stamford.



